

Dear Applicant,

Thank you for inquiring about applying for Greenlink/Greenville Area Paratransit eligibility. The following pages is the required application for Certification of ADA Paratransit Eligibility.

Please read the attached material carefully before completing the application.

ADA Paratransit service at Greenlink provides service to individuals who are unable to use the fixed-route bus service because of a disability. An inability to use fixed route bus service may include being unable to travel to and from bus stops, board or exit busses, or understand how to ride and use the bus system.

GAP provides shared ride, curb to curb service to persons determined to be “ADA eligible” for those trips that cannot be made using the fixed route service. You may, for example, be able to use fixed-route service for some trips if stops are nearby and there are no barriers that prevent you from getting to and from the bus. At other times, you may not be able to use the bus, GAP service is meant to assist you at those times.

To enable us to accurately determine your eligibility for this service, please complete the enclosed application as accurately as possible. The questions are meant to determine the circumstances under which you can use fixed route or Paratransit services.

If you need assistance completing the form or have questions, please contact our office at 864-467-2759. This letter and application are available in alternate formats.

After you have completed the application information, please have a licensed health care professional who is familiar with your health condition or disability and your functional abilities and limitations complete the health care professional information. The information you provide in this application is confidential.

Please mail your completed application to:

Greenlink/GAP  
100 W. McBee Ave.  
Greenville, SC 29601

**OR**

Please email your completed application to:

cmorgan@greenvillesc.gov

Please fax your completed form to: 864-467-5006

Completed applications will be processed with-in twenty-one days of receipt. You will then be notified in writing of your eligibility status. If additional time is required to complete the evaluation and determination you will be given temporary eligibility until the process is completed.

If we determine that you are able to use Greenlink’s fixed-route service, and therefore in-eligible for Paratransit service we will notify you of the reason(s) for this determination. Denied applicants have 60 days to file a written appeal with the General Manager of Public Transportation, 100 W. McBee Ave., Greenville, SC 29601. The General Manager will have 30 days to review the case and make a determination. All decisions made by the General Manager are final. If a decision is not made within 30 days of completing the appeal process, transportation is provided until and unless a decision to deny the appeal is issued.

The purpose of the application is to provide an opportunity for you to provide the information required by the ADA of 1990 and the Federal Transit Administration to determine eligibility for use of Paratransit services. The application has 5 Parts.

<p><b>All parts must be completed in their entirety and submitted together or the application will be returned to the applicant. This will result in a delay in determining eligibility for GAP.</b></p> <p><b>If you have any questions, need assistance in completing the application, or require this information in another form please call GAP at 864-467-2759.</b></p>			
<b>PART 1</b>		<b>Information about you. Please print or type the following</b>	
<b>Last Name</b>		<b>First Name</b>	<b>Middle Name</b>
<b>Address:</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Date of Birth</b>	<b>Home Phone Number</b>		<b>Work Phone Number</b>
<b>In case of emergency who should we contact?</b>		<b>Name</b>	<b>Phone</b>
<b>Relationship to you:</b>			
<b>This section to be completed if the applicant was helped by another person in the completion of this application</b>			
<b>Last Name</b>		<b>First Name</b>	<b>Middle Name</b>
<b>Address:</b>			
<b>Relationship</b>		<b>Date</b>	<b>Signature</b>
<b>I certify that the information I have provided in this application is true and correct. Incorrect information can void the application</b>			
<b>Signature</b>		<b>Date</b>	

<b>PART 2</b>	<b>Your relationship to Fixed-Routes</b>			
<p><b>Please read the following statements and circle those which best describe what you believe is your ability to use the Greenlink Fixed-Route Bus Service <u>by yourself</u>. You may select more than one:</b></p>				
<ol style="list-style-type: none"> <li>1. I can use Greenlink Fixed-Route Bus service sometimes, but for certain trips either I have not been trained, or there are other barriers present.</li> <li>2. I have a temporary disability which prevents me from getting to the bus stop. I will need GAP only until I recover.</li> <li>3. I have an ambulatory disability which prevents me from boarding any Greenlink bus which is not accessible.</li> <li>4. I have an ambulatory disability which prevents me from boarding even an accessible Greenlink Bus without assistance.</li> <li>5. I can never get to the bus stop by myself.</li> <li>6. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop and ride the bus. I don't feel that I can ever learn.</li> <li>7. I have a cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from the bus stop, and ride the bus. I think that with training I can learn, but I don't know how right now.</li> <li>8. I have a visual disability which prevents me from finding my way to and from the bus stop. I think that with training I can learn, but I don't know how right now.</li> <li>9. I have a visual disability which prevents me from getting to and from the bus stop. I don't feel that I can ever learn.</li> <li>10. I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use Greenlink Fixed-Route Service.</li> <li>11. I have an episodic disability. I can use the bus on those days when I am feeling well, but "bad days", I cannot make it to the bus stop, or even get on the bus.</li> </ol>				
<b>Tell us about your ability to use Greenlink Fixed-Route Service</b>				
If you use the Greenlink Fixed-Route Service now, do you need assistance of another person?				
(Circle One)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Always</td> <td style="width: 25%; padding: 5px;">Sometimes</td> <td style="width: 25%; padding: 5px;">Never</td> </tr> </table>	Always	Sometimes	Never
Always	Sometimes	Never		
If you ever need another person's assistance, what does that person do for you?				

What is it about riding a Greenlink Fixed-Route Bus that is the most difficult for you? (Ex: The bus moves before I am seated, etc.) Please list as many things as you can think of:

What are the specific condition of YOUR disability which prevents you from using the bus? (Ex: I am sensitive to extremely cold weather, etc.):

**The questions in this section are designed to give us a better understanding of your opinions about certain aspect of accessible fixed route bus service. Please read each question carefully and circle the number that indicates whether you agree, disagree, or are not sure.**

**Agree=1 Disagree=2 Not Sure=3**

	Agree	Disagree	Not Sure
1. The bus system is too complicated for me to figure out.	1	2	3
2. I've heard really good stories about Greenlink Fixed-Route Service from other people	1	2	3
3. I am not at all interested in using Greenlink Fixed Route Bus Service for my transportation.	1	2	3
4. I have to have a seat on the bus, and I am afraid I won't get one.	1	2	3
5. Everyone on the bus will be inconvenienced since it takes me longer to get on. People will get angry.	1	2	3
6. Riding the bus make me more vulnerable to crime. I am afraid for my safety.	1	2	3
7. I think my neighborhood has good bus service	1	2	3
8. I am afraid I will get off at the wrong stop.	1	2	3
9. Arriving at my destination on time is not very important to me.	1	2	3
10. Lower Greenlink Bus fares compared to GAP are an incentive for me to ride the bus.	1	2	3
11. Taking my trips by bus would take me too long.	1	2	3
12. I need help with the tie down and I don't think the bus operator will help.	1	2	3
13. I would have to get up earlier in the morning to use the bus, which would be a problem	1	2	3
14. Lifts on buses break often. I don't think the service is reliable	1	2	3
15. If the bus moves before I'm seated, I'm afraid I might			

fall.		1	2	3
<b>PART 3</b>		<b>Your transportation needs</b>		
How would you describe the terrain where you live? (Ex: very steep hill, long gradual hill, flat etc.				
Are there sidewalks at your residence:		Yes	No	
How many steps are there at the entrance you use at your residence?				
<b>List your 5 most frequent destinations and how you get there now</b>				
Destination Address	Frequency of Travel		How do you get there	
<b>Are there places you would like to go now that you cannot get to?</b>				
Destination Address	Frequency of Travel		How do you get there	
Have you ever received mobility training?		Yes	No	
If yes, where did you receive the training?				
Did you successfully complete the training?			Yes	No
Was your training route specific?			Yes	No
Do you currently use the Greenlink Fixed-Route Bus Service?			Yes	No
When was the last time you used the Greenlink Fixed-Route Bus Service?				
Can you name any Greenlink bus routes which serve your neighborhood?				

If you use Greenlink Fixed-Route service now, which routes do you use?				
What is the closest bus stop to your home? Please give the location (Ex: Corner of Fifth and Grant)				
Can you get to this Greenlink bus stop by yourself?	Yes	No	Sometimes	
If no, why not?				
<b>PART 4</b>		<b>YOUR DISABILITY</b>		
What is the disability which prevents you from using the Greenlink Fixed-Route Bus Service?				
Is your disability permanent?	Yes	No		
If not, how long do you expect to have a disability?				
Please designate any mobility aids you use (Check all that apply)				
	Manual Wheelchair		Motorized Wheelchair	
	Walker		Crutches	
	Cane		Braces	
	White Cane		Dog Guide	
	Prosthesis		Other	
<b>YOUR FUNCTIONAL ABILITY</b> Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Your answer should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently. <b>CAN YOU</b>				
Walk up and down three steps if there are handrails on both sides?	Always	Sometimes	Never	Not Sure
Use the telephone to get information?	Always	Sometimes	Never	Not Sure
Travel one level block on the sidewalk if the weather is good?	Always	Sometimes	Never	Not Sure
			More than	

If you are able to do this, how long does it take you?	Less than 5 minutes	5 - 10 minutes	More than 10 minutes	Not sure
Cross the street if there are curb cuts?	Always	Sometimes	Never	Not Sure
When the weather is good, travel three level blocks on the sidewalk?	Always	Sometimes	Never	Not Sure
If you are able to do this, how long does it take you?	Less Than 10 minutes	10 to 15 minutes	Longer Than 15 minutes	Not Sure
Wait ten (10) minutes at a bus stop that does not have a seat and a shelter?	Always	Sometimes	Never	Not Sure
Travel up or down a gradual hill on the sidewalk, if the weather is good?	Always	Sometimes	Never	Not Sure
Find you own way to the bus stop, if someone shows you the way once?	Always	Sometimes	Never	Not Sure
Are you currently able to travel by yourself?	Always	Sometimes	Never	Not Sure
If you need the assistance of another person, what do they do for you?				
Does weather affect your ability to use Greenlink Fixed-Route Bus Service?	Yes		No	
If you answered yes, please explain how:				
Do you wear a watch?	Yes		No	
Have you ever gotten lost when traveling alone?	Yes		No	
Are you interested in learning to ride the bus, if someone were to teach you how?	Yes		No	

[illegible]

- Did you require any assistance to complete this form? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, how did that person assist you? \_\_\_\_\_  
\_\_\_\_\_

**Please review the application to make sure that you have answered all of the questions to the best of your ability. The completion of Part 5 must be completed by any and all Personal Care Assistants that you may use. If you will not require a PCA please have Part 6 completed by a Certifying Professional prior to submission of the application. Applications will not be considered unless they are complete.**

# AUTHORIZATION RELEASE FORM



**Name of Applicant:** \_\_\_\_\_  
(Please Print)

I authorize the following professional to release to Greenville Area Paratransit specific information as requested. It is my understanding that the information released will be used solely to determine my ADA Paratransit eligibility. I understand that I may revoke this authorization at any time. Unless revoked, this form will allow that professional listed below to release information described for six months after the date appearing below.

The person listed below is familiar with my disability and is authorized to provide information to Greenlink Area Paratransit to determine my qualifications for special transportation services.

**FILL IN THE FOLLOWING INFORMATION ABOUT A PHYSICIAN OR PROFESSIONAL WHO IS FAMILIAR WITH YOUR DISABILITY-**  
*Please Print*

**The individual listed below is a:**

☐ Licensed Physician    ☐ Certified Psychologist    ☐ Licensed Physician Assistant  
☐ Certified Psychiatrist    ☐ Licensed Ophthalmologist    ☐ Certified Audiologist  
☐ Nurse (RN)    ☐ Respiratory Therapist    ☐ Certified Rehabilitation Specialist  
☐ Licensed Social Worker    ☐ Mental Health Counselor    ☐ Registered Occupational Therapist  
☐ Licensed Physical Therapist    ☐ Other (Specify) \_\_\_\_\_

Physician or Professional's Name \_\_\_\_\_

Clinic or Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_

**Signature Of Applicant:**

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** Any medical fees associated with providing this information is the responsibility of the applicant and not the City of Greenville, SC or Greenville Transit Authority or Greenlink.

## PERSONAL CARE/ASSISTANCE CERTIFICATION

NAME: \_\_\_\_\_

                    Last                                    First                                    Middle

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

What is your disability: \_\_\_\_\_

What mobility equipment do you use: \_\_\_\_\_

I certify that I need the services of a personal assistant to make independent travel possible. A personal assistant is someone designated or employed specifically to assist me with completion of at least one daily activity on a regular basis.

I will need a: personal assistant \_\_\_\_\_ permanently or \_\_\_\_\_ temporarily or \_\_\_\_\_ occasionally.

If temporary, provide expected duration \_\_\_\_\_

**I certify that the information provided is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (if completed by someone else) \_\_\_\_\_

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PROFESSIONAL CERTIFICATION FOLLOWS

**PARATRANSIT ELIGIBILITY APPLICATION**  
**CERTIFICATION OF HEALTH CARE PROVIDER**

You are being asked by the applicant named in Part 1 of this application to provide information regarding his/her ability to use the regular fixed-route services provided by the City of Greenville/Greenlink. For those persons who are not able to use the regular fixed-route services, with the accommodations provided, the transit system may allow them to use Paratransit services. The information you provide will allow us to evaluate the request and determine this individual's specific needs. Thank you for your cooperation in this matter.

**Please note:** The Americans with Disabilities Act of 1990 (ADA) requires public transit agencies to provide paratransit service to people whose disabilities prevent them from using a bus some or all of the time. Disability alone and distance to and from a bus stop **DO NOT** by themselves, qualify a person for ADA Paratransit service. Inconvenience and/or decreased comfort **ARE NOT** a basis for qualification. The client's condition must **PREVENT** travel by bus. The information you provide will enable us to make an appropriate determination for this applicant. All information will be kept confidential. Thank you for your assistance.

Please follow these steps to verify this application.

1. Read the applicant's statements provided in Parts 1-4 in their entirety.
2. Fill out Part 5 completely using the criteria provided.
3. Return completed application to applicant to within 7 days of receipt (applicant is responsible for returning application to Greenville Area Paratransit.
4. Be aware that you may be contacted for further information about applicant's abilities.
5. If you have questions, contact Greenville Area Paratransit at: 864-467-2759.

### PROFESSIONAL VERIFICATION

Please complete this professional verification form as thoroughly as possible. Should you have any additional questions, please do not hesitate to call.

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

1. A. In what capacity do you know this individual? \_\_\_\_\_

B. How long have you known this individual? \_\_\_\_\_

2. What was the last date of face to face contact (by you or your agency) with this individual?

\_\_\_\_\_

3. Based on your knowledge of the patient's condition, is the information provided on the previous pages a reasonable representation of his/her condition? \_\_\_\_\_ Yes \_\_\_\_\_ No.

4. Specify which functional limitations are associated with this applicant's condition:

\_\_\_\_\_ Mobility impairment

\_\_\_\_\_ Cognitive Impairment

\_\_\_\_\_ Compromised endurance (\_\_\_\_\_ muscular \_\_\_\_\_ respiratory)

\_\_\_\_\_ Visual Impairment

\_\_\_\_\_ Hearing Impairment

5. What is individual's diagnosis? \_\_\_\_\_

For Cognitive \_\_\_\_\_ DSM-IV GAF \_\_\_\_\_

6. Does the applicant have any other medical condition of which Greenville Area Paratransit should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe:

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7. What is the expected duration of this individual's condition?

- ☐ Temporary: Approximate expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Long Term: Potential for functional improvement or periods of remission  
☐ Permanent: No expectation of functional improvement.

**Section A**  
**Mobility Impairment**

1. How far can the applicant walk without assistance? Please check the appropriate answer

- a. ☐ Cannot walk up to 300 feet  
b. ☐ Can walk 300 feet (Football field)  
c. ☐ Can walk up to 500 feet (one city block)  
d. ☐ Can walk up to 600 feet (Football field and back)  
e. ☐ Can walk up to 1, 320 feet (One lap around a track)

2. Does the applicant use a mobility device? Please check all that apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cane            | <input type="checkbox"/> Extra-large Wheelchair | <input type="checkbox"/> Prosthesis          |
| <input type="checkbox"/> Long white cane | <input type="checkbox"/> Power Wheelchair       | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Manual Wheelchair      | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Walker          | <input type="checkbox"/> Power Scooter/cart     | <input type="checkbox"/> None                |
| <input type="checkbox"/> Crutches        | <input type="checkbox"/> Service Animal         |  |

3. How far can the applicant travel using a mobility device?

- a. ☐ Cannot travel up to 300 feet  
b. ☐ Can travel 300 feet (Football field)  
c. ☐ Can travel to 500 feet (one city block)  
d. ☐ Can travel up to 600 feet (Football field and back)  
e. ☐ Can travel up to 1, 320 feet (One lap around a track)

4. Does the disability/condition prevent the applicant from getting to or from a bus stop?

- a. ☐ Yes  
b. ☐ No

c. ☐ Sometimes ***If yes or sometimes, please explain***

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5. Can the individual climb a 12 inch step? ☐ Yes ☐ No ☐ Sometimes describe \_\_\_\_\_

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6. Does the disability/condition prevent the applicant from waiting at a bus stop?

a. ☐ Yes

b. ☐ No

How long could the applicant wait, if sitting? \_\_\_\_\_ Minutes.

How long could the applicant wait, if standing? \_\_\_\_\_ Minutes.

How long could the applicant wait, using mobility device? \_\_\_\_\_ Minutes.

7. Does the disability/condition prevent the applicant from riding a wheelchair accessible bus?

a. ☐ Yes

b. ☐ No

c. ☐ Sometimes ***If yes or sometimes, please explain***

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8. Does the weather affect the applicant's ability to travel?

a. ☐ Yes

b. ☐ No

c. ☐ ***Sometimes If sometimes, please explain***

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9. Does the applicant have medically defined cold sensitivity?

a. ☐ Yes Condition \_\_\_\_\_

b. ☐ No

Above or below what temperatures? \_\_\_\_\_ if "Yes" please explain

10. Does the applicant have medically defined heat sensitivity?

c. ☐ Yes Condition \_\_\_\_\_

d. ☐ No

Above or below what temperatures? \_\_\_\_\_ if "Yes" please explain

11. Does the applicant require a Personal Care Attendant/Assistant when traveling?

a. ☐ Yes

b. ☐ No

A Personal Care Attendant (PCA) is not a companion or escort, but someone who will be help to the client with his/her mobility assistance, personal care, communication, transportation, sign language, interpretation, providing services as a reader, etc., as the client makes his/her trip.

### Section B Hearing Impairment

1. Please describe the applicant's disability/condition. \_\_\_\_\_

2. If hearing impaired: what is the degree of discrimination of conventional speech?

Without hearing aid (s) [R] \_\_\_\_\_ [L] \_\_\_\_\_ With hearing aid (s) [R] \_\_\_\_\_ [L] \_\_\_\_\_

**I certify that this information is true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

### Section C Cognitive Impairment



1. Are any of the following affected by the individual's disability? Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Disorientation    | <input type="checkbox"/> Monitoring Time  |
| <input type="checkbox"/> Problem-Solving   | <input type="checkbox"/> Judgment   |
| <input type="checkbox"/> Short term memory | <input type="checkbox"/> Communication  |
| <input type="checkbox"/> Long term memory  | <input type="checkbox"/> Inconsistent performance   |
| <input type="checkbox"/> Concentration     | <input type="checkbox"/> Coping skills  |
| <input type="checkbox"/> Gait or balance   | <input type="checkbox"/> Inappropriate social behavior  |
| <input type="checkbox"/> Other             | ( <input type="checkbox"/> aggressive <input type="checkbox"/> sexual <input type="checkbox"/> over-friendly) |

1. Please explain how the above interferes with safe community travel.

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2. Does the individual demonstrate inappropriate social behavior? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

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3. Describe how the individual's disability affects his/her ability to complete the following tasks:

- Traveling alone outside: \_\_\_\_\_
- Leaving the house on time: \_\_\_\_\_
- Seeking and acting on directions: \_\_\_\_\_
- Finding way to/from bus stop: \_\_\_\_\_
- Crossing streets: \_\_\_\_\_
- Waiting for bus: \_\_\_\_\_
- Riding on bus: \_\_\_\_\_
- Transferring to a second bus or exiting at the correct destination: \_\_\_\_\_
- Monitoring time: \_\_\_\_\_

4. Would "Ride" training be appropriate for this individual? ☐ Yes ☐ No

If no, why? \_\_\_\_\_

5. Are there any life skills that this individual lacks that would be an indication of his/her inability to use public transportation? \_\_\_\_\_

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6. Is the goal of traveling independently (even limited travel in the neighborhood) within the scope of treatment? ☐ Yes ☐ No

**Section D**  
**Visual Impairment**

1. Please describe the applicant's disability. \_\_\_\_\_
2. What is the applicant's best corrected vision in each eye? Right eye: 20/\_\_\_\_ Left eye: 20/\_\_\_\_
3. How long has the applicant had this impairment? \_\_\_\_\_
4. Is the applicant's visual impairment permanent? \_\_\_\_ Yes \_\_\_\_ No
5. Is the applicant's visual impairment affected by various lighting conditions? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please describe: \_\_\_\_\_
6. Is the visual impairment affected by weather? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please describe: \_\_\_\_\_

Agency Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**Greenville Area Paratransit Office Use Only****Applicant Information**

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Review & Certification Information**

Date Application Rec'd \_\_\_\_\_ Rec'd By \_\_\_\_\_ Submission Date \_\_\_\_\_

Review Start \_\_\_\_\_ Review By \_\_\_\_\_ Review Complete \_\_\_\_\_

Eligibility: Unconditional Eligibility \_\_\_\_\_ Conditional Eligibility \_\_\_\_\_ Temporary Eligibility \_\_\_\_\_

Conditions: \_\_\_\_\_  
\_\_\_\_\_

Date Certification Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_

Determination made by \_\_\_\_\_ Signature \_\_\_\_\_

**Processing & Notification Information**

Notification Date \_\_\_\_\_ Processed Date \_\_\_\_\_ Processed By \_\_\_\_\_

**Appeal Information**

Date Appeal Rec'd \_\_\_\_\_ SSC Appeal Decision \_\_\_\_\_

Appeal Decision Date \_\_\_\_\_ Signature \_\_\_\_\_